



Reinsurance Claims Processing Manual

Chapter Ten Claim Dispute Process

Health Plans, Program Contractors and Ventilator Dependant Plans must exhaust all authorized processes before filing a claim dispute with the AHCCCS Administration. After all processing alternatives have been exhausted and a Reinsurance encounter payment dispute still exists, the Contractor may file a claim dispute with the AHCCCS Office of Administrative Legal Services.

The Contractor may dispute the denial or adjudication of a Reinsurance Encounter or payment. The Office of Administrative Legal Services will not investigate a pending encounter.

In accordance with Arizona Revised Statute §36-2903.01(B)(4) grievances (claim disputes) must be filed no later than twelve (12) months from the date of service, (12) months from the date of eligibility posting, or sixty (60) days from the denial of a timely claim submission, whichever is later.

YH04-0001 (Acute) and YH07-0001 (ALTCS) contracts provide that when a claim which gives rise to a Contractor's claim for reinsurance that is the subject of a grievance (claim dispute), appeal or other legal action, the Contractor is allowed ninety (90) days after an ultimate decision from a grievance (claim dispute) or appeal (hearing) proceeding to file a new claim for reinsurance.

Arizona Administrative Code R9-34-404 requires that all claim disputes must be submitted in writing and specify the factual and legal basis for the dispute, and the relief requested.

Claim Disputes must be submitted to:

AHCCCS Office of Administrative Legal Services
Mail Drop 6200
P. O. Box 25520
Phoenix, AZ. 85002

